

APPENDIX G

REPORT OF FUEL PURCHASES MADE OUTSIDE THE STATEWIDE FUEL MANAGEMENT AND DISPENSING SYSTEM

To: Commercial Fuel Systems, Inc.
P.O. Box 71
232 South Main St.
Mt. Airy, Maryland 21771

From: Name of Billing Agency: _____ Date of Report: _____

Address: _____

Fleet Manager: _____ Telephone Number: () - _____

Date	Product Gasoline Diesel, Oil Ethanol, CNG	Quantity Purchased		Total Amount	Driver Card # (YELLOW)					Vehicle Card # (WHITE)					Odometer Reading
		GAL	QT												
					55						55				
					55						55				
					55						55				
					55						55				
					55						55				
					55						55				
					55						55				
					55						55				
					55						55				
					55						55				
					55						55				

Driver's Signature: _____

Please explain why the Statewide Fuel Management and Dispensing System could not be utilized

Note: Agency Fleet Managers must send the report to *Commercial Fuel Systems* at the end of each month to cover any outside fuel purchases made during that period. **Attach copies of fuel receipts to this form**